

NEVADA DEPARTMENT OF EDUCATION

ALLEGED
DISCRIMINATION, HARASSMENT AND
SEXUAL HARASSMENT
COMPLAINT FORM

Name _____
Complainant

Date of Incident _____

_____ Beneficiary _____ Other

Site Location/Address _____

Phone _____ Fax _____ E-Mail _____

Description of Complaint (Add additional pages if needed)

Persons involved (including persons responsible) and witnesses

Desired Action For Resolution.

Signature of Complainant

Date

Return to Supervisor/Director
04/06